Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	ink.	Date Stamp		CALIFORNIA 2001/02 FORM		
	Statement covers period from 07/01/2009	Date of election if applicable: (Month, Day, Year)		Pag	e 1 of 26 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through 10/31/2009	11/04/2008				
1. Type of Recipient Committee: All Committe ☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5.) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	ees - Complete Parts 1,2,3, and 4. Ballot Measure Committee Primary Formed Controlled Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme Pre-election Stater Semi-annual State Termination Stater Amendment (Expla	ment ment nent	Specia	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495	
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	I.D.NUMBER 1293204	Treasurer(s)				
Wolk for Senate '08		Steven G. Churchwell				
STREET ADDRESS (NO P.O. BOX)	_	MAILING ADDRESS				
CITY STATE ZIP COD Sacramento CA 95814 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	(916)930-3200	CITY Sacramento NAME OF ASSISTANT TREASUR Vona L. Copp	STATE CA RER, IF ANY	ZIP CODE 95814	AREA CODE/PHONE 916-930-3200	
CITY STATE ZIP COD	E AREA CODE/PHONE	MAILING ADDRESS				
OPTIONAL: FAX/E-MAIL ADDRESS 916-930-3201		CITY Elk Grove OPTIONAL: FAX/E-MAIL ADDRE	STATE CA SS	ZIP CODE 95624	AREA CODE/PHONE 916/686-1815	
Executed on By DATE Executed on By		fornia that the foregoing is true ar R ASSISTANT TREASURER TE MEASURE PROPONENT OR RESPONSIBLE R, CANDIDATE, STATE MEASURE PROPONEN	e officer of sponsor		attached schedules FPPC Form 460 (June/01) e Helpline: 866/ASK-FPPC State of California	

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM	60
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Officeholder or Candidate Controlled Committee			6. Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE		-	NAME OF BALLOT MEASURE					
Lois Wolk								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR State Senator Senate District	ICT NUMBER IF APPLICABLE) 5		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	-	Identify the controlling office	ceholder, cand	lidate, or state n	neasure prop	onent, if any.	
Sacrat	mento CA 95814	-	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PF	ROPONENT			
Related Committees Not Included in this Si not included in this statement that are controlled by you or an contributions or to make expenditures on behalf of your cand	re primarily formed to receive		OFFICE SOUGHT OR HELD		1	DISTRICT NO. II	F ANY	
COMMITTEE NAME	I.D.NUMBER	7.	Primarily Formed (C List names of	f officeholder(s) or candidate(s) Ffo	
NAME OF TREASURER	CONTROLLED COMMITTEE?	-	NAME OF OFFICEHOLDER OR CANDIDATE OFFI		OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		•	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT	
CITY STATE ZIF	P CODE AREA CODE/PHONE						OPPOSE	
COMMITTEE NAME	I.D.NUMBER	1	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	IT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?	-	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		-						
CITY STATE ZIF	P CODE AREA CODE/PHONE	-	Attac	h continuation	sheets if neces	sary		

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2009 CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Wolk for Senate '08

through 10/31/2009 Page 3 of 26

I.D. NUMBER
1293204

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		ear Summary for Both the State	
Monetary Contributions Schedule A, Line 3	\$6,794.29	\$38,294.29	General Ele	Clions	
2. Loans Received Schedule B, Line 7	\$0.00	\$0.00		1/1 through 6/30	7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$6,794.29	\$38,294.29	20. Contribution Received	\$.00	\$.00
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$6,794.29	\$38,294.29	21. Expenditures Made	\$.00	\$.00
Expenditures Made			Expenditure	Limit Summa	ry for State
6. Payments Made Schedule E, Line 4	\$44,043.26	\$73,275.47	Candidates		
7. Loans Made Schedule H, Line 7	\$0.00	\$0.00		mulative Expen	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$44,043.26	\$73,275.47	(If Sul	ject to Voluntary Ex	penditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	(\$39,058.18)	\$2,191.63	Date of Ele		Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd	/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$4,985.08	\$75,467.10			
Current Cash Statement					
12. Beginning Cash Balance Previous Summary Page, Line 16	\$37,248.97	To calculate Column B, add amounts in Column A to the			
13. Cash Receipts Column A, Line 3 above	\$6,794.29	corresponding amounts			
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in			
15. Cash Payments Column A, Line 8 above	\$44,043.26	Column A may be negative			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$0.00	figures that should be subtracted from previous			
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts			
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	*Since January	1, 2001. Amounts i	n this section may b
18. Cash Equivalents See instructions on reverse	\$0.00	-	unicicili noni ai	nounts reported III	Column b.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$2,191.63	-	FPF		Form 460 (June/01 ine: 866/ASK-FPP0

1452500

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

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Monetary Contributions Received		to	to whole dollars.		from <u>07/01/2009</u>		FORNIA 460
SEE INSTRUCTIO	ONS ON REVERSE			through10/31/200	09	Page	_4of_26
NAME OF FILER Wolk for Senate '0						I.D. N 12932	umber 04
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
8/13/2009	California Landscape Contractors Association, Inc. (Land PAC) Sacramento, CA 95814 Committee ID: 770272	☐ IND COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00		2008P: \$1,000.00 2008G: \$1,000.00
8/24/2009	Pharmaceutical Research & Manufacturers Assn of America PAC Sacramento, CA 95814 Committee ID: 1282378	☐ IND COM ☐ OTH ☐ PTY ☐ SCC		\$2,000.00	\$2,000.00		2008G: \$2,000.00
8/26/2009	VISA U.S.A., Inc. Washington, DC 20036	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,500.00	\$1,500.00		2008P: \$500.00 2008G: \$1,500.00
9/9/2009	Stockton Professional Firefighters PAC Stockton, CA 95269 Committee ID: 771444	☐ IND COM ☐ OTH ☐ PTY ☐ SCC		\$1,000.00	\$1,000.00		2008G: \$1,000.00
9/30/2009	CH2M Hill, Inc. Englewood, CO 80112	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,000.00	\$1,000.00		2008P: \$2,500.00 2008G: \$2,500.00
			SUBTOTA	L			
. Amount red	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)			\$6,750.00	IN		ridual sipient Committee
2. Amount red	ceived this period - unitemized contributions of less th	nan \$100		\$44.29		ΓH - Othe	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1.	.) TOTAL	\$6,794.29	I		cal Party Il Contributor Committee

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

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Statement covers period

Monetary Contributions Received		to	o whole dollars.	from07/01/2009)	FORM 460		
SEE INSTRUCTION	NS ON REVERSE			through10/31/2009)	Page	_5of26	
NAME OF FILER Wolk for Senate '0						I.D. No 129320		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
10/4/2009	Star-Crossed Group, Inc. Davis, CA 95616	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$250.00	\$250.00		2008G: \$1,250.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
			SUBTOTAL	\$6,750.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule B - Part 1 **Loans Received**

Type or print in ink. Amounts may be rounded to whole dollars.

ement covers period	CALIFORNIA 160
	GALLICONNIA

		COLLE	OLL D I MINI I
Statement of the from07/01/200	overs period	CALIFORN FORM	^{IA} 460
through 10/31	/2009	Page 6	of <u>26</u>
		I.D. NUMBER	
		1293204	
(d)	(e)	(f)	(g)

SEE INSTRUCTIONS ON REVERSE					through	2009	Page <u>6</u>	of <u>26</u>
NAME OF FILER							I.D. NUMBER	
Wolk for Senate '08							1293204	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID		%		CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
□IND □COM□OTH□PTY□SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
□IND □COM□OTH□PTY□SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
☐IND ☐ COM☐OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS						
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans	s less than \$100.)						(Enter (e) on Schedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	D paid or forgiven.)	dule A.)					* Amounts forg another party a reported on Sc	iven or paid by Iso must be hedule A.
3. Net change this period. (Subtract Line					Net	native number)	** If required.	

Enter the net here and on the Summary Page, Column A, Line 2. *Contributor Codes PTY-Political Party IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other SCC-Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2 **Loan Guarantors**

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHEDULE B - PART 2
Stat	ement covers period	CALIFORNIA 460
from_	07/01/2009	FORM 400

PER ELECTION (IF REQUIRED)

CALENDAR YEAR

PER ELECTION (IF REQUIRED)

				from	07/01/2009		FOF	RM 400
SEE INSTRUCTIONS ON REVERSE				throu	ugh 10/31/2009		Page 7	of 26
Wolk for Senate '08							1293204	51
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMU TO D	LATIVE IATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM		LENDER			CALENDA	AR YEAR	
	OTH PTY SCC		DATE			PER ELE (IF REQU	CTION JIRED)	
			LENDER			CALENDA	AR YEAR	
	☐ IND ☐ COM							
	☐ OTH ☐ PTY ☐ SCC		DATE			PER ELE (IF REQU	CTION JIRED)	
			LENDER			CALENDA	AR YEAR	

СОМ □отн

☐ PTY scc

☐ IND ☐ COM □отн

PTY SCC Enter on Summary Page, Line 17 only. **SUBTOTAL**

DATE

LENDER

DATE

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule Nonmone	tary Contributions Received			print in ink. nay be rounded ble dollars.	S	n 07/01/2009	eriod	CALIFO FOR	ORNIA 460
SEE INSTRUCTIO NAME OF FILER Wolk for Senate '0	NS ON REVERSE				thro	ough 10/31/2009		Page 8 I.D. Numb 1293204	of 26
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□ IND □ COM □ OTH □ PTY □ SCC							
		IND COM OTH PTY SCC							
		IND COM OTH PTY SCC							
		□ IND □ COM □ OTH □ PTY □ SCC							
Attach additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL				

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

COM- Recipient Committee

(other than PTY or SCC) OTH - Other

SCC - Small Contributor Committee

*Contributor Codes

PTY - Political Party

IND - Individual

1. Amount received this period - nonmonetary contributions of \$100 or more.

3. Total nonmonetary contributions received this period.

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

Schedule D **Summary of Expenditures Supporting/Opposing Other** Candidates, Measures and Committees

Type or print in ink. Amounts may be rounded to whole dollars.

	00::22022
Statement covers period	CALIFORNIA 460
from07/01/2009	FORM 400
through <u>10/31/2009</u>	Page 9 of 26
	I.D. NUMBER

SCHEDULE D

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1293204 Wolk for Senate '08 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR **DESCRIPTION** AMOUNT THIS CUMULATIVE TO DATE PER ELECTION DATE TYPE OF PAYMENT (IF REQUIRED) CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, **PERIOD** (JAN.1 - DEC. 31) (IF REQUIRED) OR COMMITTEE Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Monetary Contribution Nonmonetary Contribution Independent Expenditure Support Oppose Monetary Contribution Nonmonetary

Support	☐ Oppose	Expenditure			
			SUBTOTAL		

Contribution □ Independent

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	
2. Unitermized contributions and independent expenditures made this period of under \$100	

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL _____

> FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from07/01/2009	FORM 400
through <u>10/31/2009</u>	Page <u>10</u> of <u>26</u>
	I.D. NUMBER 1293204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Wolk for Senate '08

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Thomas C. Higgins Petaluma, CA 94952		Meeting, office supplies & furniture	\$2,339.82
Thomas C. Higgins Petaluma, CA 94952	MTG		\$417.26
Thomas C. Higgins Petaluma, CA 94952		Meeting & moving expenses	\$434.55

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$43,927.92
2. Unitemized payments made this period of under \$100.	\$115.34
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$44,043.26

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2009	FORM 400
through <u>10/31/2009</u>	Page <u>11</u> of <u>26</u>
	I.D. NUMBER 1293204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Wolk for Senate '08

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Thomas C. Higgins Petaluma, CA 94952	CNS		\$12,808.37
Michael Tamariz West Sacramento, CA 95605		Printing, office supplies & volunteer food & expenses	\$11,112.66
Michael Tamariz West Sacramento, CA 95605	OFC		\$308.94
Michael Tamariz West Sacramento, CA 95605	OFC		\$101.92
Connie Sanders Emerson Sacramento, CA 95819	CNS		\$500.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2009	FORM 400
through <u>10/31/2009</u>	Page <u>12</u> of <u>26</u>
	I.D. NUMBER 1293204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Wolk for Senate '08

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Sanders Emerson Sacramento, CA 95819	CNS		\$500.00
Connie Sanders Emerson Sacramento, CA 95819	CNS		\$250.00
Connie Sanders Emerson Sacramento, CA 95819	CNS		\$250.00
Connie Sanders Emerson Sacramento, CA 95819	OFC		\$145.00
Connie Sanders Emerson Sacramento, CA 95819	POS		\$63.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2009	FORM 400
through <u>10/31/2009</u>	Page <u>13</u> of <u>26</u>
	I.D. NUMBER 1293204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Wolk for Senate '08

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vona Copp Elk Grove, CA 95624	PRO		\$570.92
Vona Copp Elk Grove, CA 95624	PRO		\$582.15
Vona Copp Elk Grove, CA 95624	PRO		\$646.73
Vona Copp Elk Grove, CA 95624	PRO		\$591.52
Vona Copp Elk Grove, CA 95624	PRO		\$151.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)			
Statement covers period	CALIFORNIA 460			
from07/01/2009	FORM 400			
through <u>10/31/2009</u>	Page $\frac{14}{26}$ of $\frac{26}{26}$			
	I.D. NUMBER 1293204			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Wolk for Senate '08

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vona Copp Elk Grove, CA 95624	PRO		\$150.00
Vona Copp Elk Grove, CA 95624	PRO		\$522.82
Connie Sanders Emerson Sacramento, CA 95819	CNS		\$250.00
DLA Piper US, LLP Sacramento, CA 95814	PRO		\$4,620.00
DLA Piper US, LLP Sacramento, CA 95814	PRO		\$234.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2009	FORM 400
through <u>10/31/2009</u>	Page <u>15</u> of <u>26</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Wolk for Senate '08

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DLA Piper US, LLP Sacramento, CA 95814	PRO		\$409.50
DLA Piper US, LLP Sacramento, CA 95814	PRO		\$292.50
DLA Piper US, LLP Sacramento, CA 95814	PRO		\$1,638.00
Sacramento, CA 95814	PRO		\$806.00
Vona Copp Elk Grove, CA 95624	PRO		\$362.33

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2009	FORM 400
through <u>10/31/2009</u>	Page <u>16</u> of <u>26</u>
	LD NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Wolk for Senate '08 I.D. NUMBER 1293204

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Sanders Emerson Sacramento, CA 95819		Postage & meeting expense	\$242.43
DLA Piper US, LLP Sacramento, CA 95814	PRO		\$1,709.50
DLA Piper US, LLP Sacramento, CA 95814	PRO		\$917.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$43,927.92

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA	160
rom	07/01/2009	FORM	TUU
hrough	10/31/2009	Page ¹⁷	of ²⁶

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Wolk for Senate '08 I.D. NUMBER 1293204

CODES: If one of the following codes accurately describes	the payment, you may er	ter the code. Otherv	vise, describe the pa	nyment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RFD returned SAL campaign TEL t.v. or cal TRC candidate TRS staff/spon TSF transfer b VOT voter reg		on costs eals meals the same candidate/spon
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Michael Tamariz West Sacramento, CA 95605	Printing, office supplies & volunteer food & expenses	\$11,112.66	\$0.00	\$11,112.66	\$0.00
Michael Tamariz West Sacramento, CA 95605	OFC	\$308.94	\$0.00	\$308.94	\$0.00
DLA Piper US, LLP Sacramento, CA 95814	PRO	\$4,620.00	\$0.00	\$4,620.00	\$0.00
* Payments that are contributions or independent expenditures must also b summarized on Schedule D.	e SUBTOTALS				
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)			IN	CURRED TOTALS	\$0.00
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized				PAID TOTALS	\$39,058.18
3. Net change this period. (Subtract Line 2 from Line 1. Ent	er the difference here and	l		NET	· (\$39.058.18)

May be a negative number.

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA 4 Statement covers period 07/01/2009 through 10/31/2009Page <u>18</u> of 26

NAME OF FILER Wolk for Senate '08 I.D. NUMBER 1293204

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
*Payments that are contributions or independent expenditures must also be summarized on Schedule D					

Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Thomas C. Higgins Petaluma, CA 94952	CNS	\$15,000.00	\$0.00	\$12,808.37	\$2,191.63
Thomas C. Higgins Petaluma, CA 94952	Meeting, office supplies & furniture	\$2,339.82	\$0.00	\$2,339.82	\$0.00
Thomas C. Higgins Petaluma, CA 94952	MTG	\$417.26	\$0.00	\$417.26	\$0.00
Thomas C. Higgins Petaluma, CA 94952	Meeting & moving expenses	\$434.55	\$0.00	\$434.55	\$0.00

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA 4 Statement covers period 07/01/2009 through $\frac{10/31/2009}{10/31/2009}$ Page <u>19_____</u> of $\frac{26}{}$ I.D. NUMBER 1293204

NAME OF FILER Wolk for Senate '08

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Vona Copp Elk Grove, CA 95624	PRO	\$570.92	\$0.00	\$570.92	\$0.00
Vona Copp Elk Grove, CA 95624	PRO	\$582.15	\$0.00	\$582.15	\$0.00
Vona Copp Elk Grove, CA 95624	PRO	\$646.73	\$0.00	\$646.73	\$0.00
Vona Copp Elk Grove, CA 95624	PRO	\$591.52	\$0.00	\$591.52	\$0.00

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Wolk for Senate '08 I.D. NUMBER 1293204

COD	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)	
*Dove	*Pourments that are contributions or independent expanditures must also be summarized on Schodule D					

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Vona Copp Elk Grove, CA 95624	PRO	\$151.00	\$0.00	\$151.00	\$0.00
DLA Piper US, LLP Sacramento, CA 95814	PRO	\$234.00	\$0.00	\$234.00	\$0.00
DLA Piper US, LLP Sacramento, CA 95814	PRO	\$409.50	\$0.00	\$409.50	\$0.00
DLA Piper US, LLP Sacramento, CA 95814	PRO	\$292.50	\$0.00	\$292.50	\$0.00

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA FORM Statement covers period 07/01/2009 through 10/31/2009Page <u>21</u> of 26

NAME OF FILER Wolk for Senate '08 I.D. NUMBER 1293204

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
*Payments that are contributions or independent expenditures must also be summarized on Schedule D						

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
DLA Piper US, LLP Sacramento, CA 95814	PRO	\$1,638.00	\$0.00	\$1,638.00	\$0.00		
Connie Sanders Emerson Sacramento, CA 95819	CNS	\$500.00	\$0.00	\$500.00	\$0.00		
Connie Sanders Emerson Sacramento, CA 95819	CNS	\$500.00	\$0.00	\$500.00	\$0.00		
Connie Sanders Emerson Sacramento, CA 95819	CNS	\$250.00	\$0.00	\$250.00	\$0.00		

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA 4 Statement covers period 07/01/2009 through $\underline{10/31/2009}$ of $\frac{26}{}$ Page <u>22</u> I.D. NUMBER 1293204

NAME OF FILER Wolk for Senate '08

CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Otherwis	se, describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
*Payments that are contributions or independent expenditures must also be su	mmarized on Schedule D	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Connie Sanders Emerson Sacramento, CA 95819	CNS	\$250.00	\$0.00	\$250.00	\$0.00
Connie Sanders Emerson Sacramento, CA 95819	OFC	\$145.00	\$0.00	\$145.00	\$0.00
Michael Tamariz West Sacramento, CA 95605	OFC	\$101.92	\$0.00	\$101.92	\$0.00
	SUBTOTALS	\$41,096.47	\$0.00	\$38,904.84	\$2,191.63

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA A C				
from07/01/2009	FORM 46U				
through _10/31/2009	Page <u>23</u> of <u>26</u>				
	I.D. NUMBER 1293204				

SCHEDULE G

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Vona Copp

NAME OF FILER

Wolk for Senate '08

COL	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs			
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions			
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries			
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs			
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals			
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals			
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor			
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration			
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NetFile Mariposa, CA 95338	PRO			\$150.00

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$150.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from <u>07/01/2009</u>	FORM 40U
through _10/31/2009	Page <u>24</u> of <u>26</u>
	I.D. NUMBER 1293204

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Connie Sanders Emerson

NAME OF FILER Wolk for Senate '08

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads WEB information technology costs (internet, email) * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE ALSO ENTER LD. NUMBER)

Equitive Grill
Sacramento, CA 95814

WTG

US Postmaster
Sacramento, CA 95819

POS

Sacramento, CA 95819

AMOUNT PAID

HIGH meeting - Candidate, fundraiser & 2 guests

S110.43

S132.00

S132.00

S132.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$242.43

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Sched	ule H –	
Loans	Made to	Others*

Type or print in ink.

	SCHEDULE H
Statement covers period	CALIFORNIA 460
om 07/01/2009	FORM 40U

Loans Made to Others*		Amounts may be rounded to whole dollars.			from07/01/20	009	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>10/31/2</u> 6	009	Page <u>25</u>	of <u>26</u>	
NAME OF FILER Wolk for Senate '08							I.D. NUMBER 1293204		
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE	
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE %		PER ELECTION**	
					DATE DUE		DATE INCURRED		
Loans that are contributions to another candidate must also be summarized on Schedule D. Loans also be reported on Schedule E.	forgiven must	SUBTOTALS							
				•	•	(Enter (e) on Schedule I, Line 3)			
Schedule H Summary							_		
Loans made this period Total Column (b) plus unitemized loans								** If Required	
Payments received on loans Total Column (c) plus unitemized paym									
3. Net change this period. (Subtract Line Enter the net here and on the Summan	e 2 from Line 1.)y Page, Column A, Line 7.)				NET (May be a ne	gative number)			

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule I Miscellaneous Increases to Cash				SCHEDULE
		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
			from07/01/2009	FORM TOU
SEE INSTRUCTIONS ON	REVERSE		through	Page $\frac{26}{26}$ of $\frac{26}{26}$
NAME OF FILER Wolk for Senate '08				I.D. NUMBER 1293204
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach addition	nal information on appropriately labeled continuation shee	ets.	SUBTO	TAL \$.00
Schedule I Su	mmary			
1. Increases to cas	sh of \$100 or more this period			_
2. Unitemized incr	eases to cash under \$100 this period		<u>\$.00</u>	

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)..).....

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL \$.00